Women/Maternal Health

State Action Plan Table (Connecticut) - Women/Maternal Health - Entry 1
Priority Need
WELL WOMAN CARE/HEALTH OF WOMEN OF REPRODUCTIVE AGE
NPM
NPM 1 - Percent of women with a past year preventive medical visit
Objectives
1.1 By 2020, increase by 10% the proportion of all Connecticut women receiving an annual well visit including age appropriate screenings.
1.2 By 2020, increase by 5% the proportion of all Connecticut women receiving an annual dental visit.
Strategies
1.1.1 Identify and address barriers to access to annual well visits especially in the uninsured population.
1.1.2 Advocate for fewer C-sections among women having a singleton birth.
1.1.3 Advocate for competitive reimbursement rates for annual well visits.
1.2.1 Advocate for parity of oral health with physical and behavioral health in practice, policy, and reimbursement.
1.2.2 Identify and address barriers to access to dental services.
NOMs
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
NOM 3 - Maternal mortality rate per 100,000 live births
NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)
NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)
NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)
NOM 5.1 - Percent of preterm births (<37 weeks)
NOM 5.2 - Percent of early preterm births (<34 weeks)
NOM 5.3 - Percent of late preterm births (34-36 weeks)
NOM 6 - Percent of early term births (37, 38 weeks)
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.2 - Neonatal mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Perinatal/Infant Health

State Action Plan Table (Connecticut) - Perinatal/Infant Health - Entry 1
Priority Need
PRETERM BIRTHS AND LOW BIRTH WEIGHT BIRTHS
NPM
NPM 3 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
Objectives
2.1 By 2020, reduce by 5% the proportion of low birth weight among singleton births.
2.2 By 2020, reduce by 1% the proportion of very low birth weight among singleton births.
2.3 By 2020, reduce by 5% the proportion of live singleton births delivered at less than 37 weeks gestation.
Strategies
2.1.1 Collaborate across sectors to increase social equity (e.g. to increase 4-yr. graduation rate, decrease jobless rate, improve neighborhood safety, etc.)
2.1.2 Improve access to healthcare for women before, during and after pregnancy
2.1.3 Support efforts/programs to improve preconception health (e.g. DPH programs, other statewide….)
2.1.4 Improve/increase enrollment in prenatal care during the 1st trimester and receipt of adequate PNC.
2.1.5 Increase enrollment in WIC during 1st trimester (among WIC eligible women)
2.1.6 Increase co-enrollment in WIC and Medicaid among income-eligible women
NOMs
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.2 - Neonatal mortality rate per 1,000 live births
NOM 9.4 - Preterm-related mortality rate per 100,000 live births

State Action Plan Table (Connecticut) - Perinatal/Infant Health - Entry 2

Priority Need

BREASTFEEDING

NPM

NPM 4 - A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Objectives

3.1 By 2020, increase by 10% the proportion of infants who are ever breastfed.

3.2 By 2020, increase by 5% the proportion of infants who are breastfed at 6 months.

Strategies

3.1.1 Increase employee and employer awareness and understanding of their “rights and responsibilities” under State and Federal breast feeding laws.

3.1.2 Provide access to professional and peer support for breastfeeding

3.2.1 Provide targeted technical assistance and support to breast feeding friendly work places; schools, hospitals, and medical offices, to ensure compliance with State and Federal workplace lactation accommodation laws.

3.2.2 Provide access to professional and peer support for breastfeeding.

NOMs

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Child Health

State Action Plan Table (Connecticut) - Child Health - Entry 1
Priority Need
DEVELOPMENTAL SCREENING, WELL-CHILD VISITS AND IMMUNIZATIONS
NPM
NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool
Objectives
4.1 By 2020, increase by x% the number of developmental screenings conducted by providers with a formal tool.
4.2 By 2020, increase by x% the number of well-child visits and oral health assessments.
By 2020, increase by 5% the number of children that receive age appropriate ACIP recommended vaccines.
Strategies
4.1.1 Advocate for primary care providers to incorporate parental education on developmental milestones
4.1.2 Provide training to primary care providers regarding Developmental Screening,
4.1.3 Communicate benefits of standardized developmental screening tools to parents and providers in primary care settings.
4.2.1 Develop and implement an education campaign for parents around patient-centered medical homes (e.g. Text-4-Child and Text-for-Teen).
4.2.2 Explore opportunities to identify cultural barriers to using primary care physicians.
4.2.3 Support school-based health centers, community health centers and other community-based organizations to offer comprehensive reproductive health services.
4.2.4 Partner with Access CT to encourage youths under 21 years of age to obtain primary care.
4.2.5 Advocate for more funding for “Home by One.”
4.2.6 Provide public education on importance of annual preventive dental services.
4.3.1 Assure costs of vaccines/administration for all ages are covered by all insurers.
4.3.2 Maintain and expand access to Advisory Committee on Immunization Practices (ACIP) recommended vaccines for children (HPV, hepatitis A, rotavirus, influenza, pertussis, pneumonia)
4.3.3 Maintain and enhance CT immunization registry, including across life span; implement comprehensive reminder/recall systems.
4.3.4 Use new and existing data systems to measure vaccine coverage among all populations to identify disparities and target vaccine strategies.
NOMs
NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)
NOM 19 - Percent of children in excellent or very good health

Adolescent Health

State Action Plan Table (Connecticut) - Adolescent Health - Entry 1
Priority Need
ADOLESCENT WELLNESS
NPM
NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
Objectives
8.1 By 2020, increase the % of adolescents receiving well child visits inclusive of behavioral and oral health risk-assessment and anticipatory guidance
8.2 By 2020, increase the % of students that report being physically active at least 60 min/day for more than 5 days, 7 days.
8.3 By 2020, decrease the % of 5-12 yrs. and 9-12th grade students that are overweight (≥ 85th percentile – 95th percentile)
8.4 By 2020, decrease the % of students (5-12 yrs. old/9-12th grade) that are obese. (≥ 95th percentile).
8.5 By 2020, increase the % of students that report getting an average of 8 or more hours of sleep at night.
8.6 By 2020, increase the % of students that report excellent or very good health.
Strategies
8.1.1 Educate parents on the frequency of and importance of well-child visits
8.1.2 Support school-based health centers that offer comprehensive health services.
8.1.3 Educate/train medical providers and School Based Health Center staff on including behavioral and oral health risk assessments during well child visits.
8.1.4 Partner with students, parents and providers to develop and implement an outreach campaign regarding the importance of a comprehensive adolescent well child visit.
8.2.1 Educate and train school staff (teachers, administrators) on developing and implementing comprehensive school physical activity programs (CSPAP)
8.2.2 Educate district and school administrators and other local stakeholders about creating comprehensive local wellness policies that include creating a healthy school nutrition and physically active environment.
8.3.1 Educate district and school administrators and other local stakeholders about creating comprehensive local wellness policies that include creating a healthy school nutrition and physically active environment.
8.4.1 Educate district and school administrators and other local stakeholders about creating comprehensive local wellness policies that include creating a healthy school nutrition and physically active environment.
8.5.1 Educate students and parents on the importance of adequate sleep on health and academic performance.
8.6.1 Educate district and school administrators and other local stakeholders about creating comprehensive local wellness policies that include creating a healthy school nutrition and physically active environment.

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

State Action Plan Table (Connecticut) - Adolescent Health - Entry 2

Priority Need

BULLYING

NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

7.1 By 2020, decrease the % of students, including those with Special Health Care Needs, that report there are bullies on school property in the past 12 months.

7.2 By 2020, decrease the % of students, including those with Special Health Care Needs, that report being electronically bullied in the past 12 months.

Strategies

7.1.1 Define bullying and educate parents, School Based Health Center staff, students and school administration on school bullying and how to prevent/control.

7.1.2 Partner with the Department of Education, DMHAS and DCF to support initiatives around bullying prevention.

7.2.1 Define electronic bullying and educate parents, School Based Health Center staff, students and school administration on electronic bullying and how to prevent/control.

7.2.2 Partner with the Department of Education, DMHAS and DCF to support initiatives around bullying prevention.

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Children with Special Health Care Needs

State Action Plan Table (Connecticut) - Children with Special Health Care Needs - Entry 1
Priority Need
MEDICAL HOME
NPM
NPM 11 - Percent of children with and without special health care needs having a medical home
Objectives
6.1 By 2020, increase by X% the number of children, including those with Special Health Care Needs who have access to a NCQA recognized or Joint Commision Accredited patient-centered medical home.
6.2 By 2020, increase by X% the number of NCQA recognized or Joint Commission Accredited patient-centered medical homes.
Strategies
6.1.1 Conduct outreach including to the families of CSHCN to educate consumers about the benefits and availability of patient –centered medical homes.
6.1.2 Partner with Community Organizations and stakeholders engaged through the Medical Home Advisory Council to promote the benefits of medical homes to consumers and providers.
6.2.1 Conduct outreach including to the families of CSHCN to educate consumers about the benefits and availability of patient –centered medical homes.
6.2.2 Partner with Community Organizations and stakeholders engaged through the Medical Home Advisory Council to promote the benefits of medical homes to consumers and providers.
6.2.3 Partner with the Department of Social services PCMH program, Community Health Network and others to support providers in pursuing NCQA recognition or Joint Commission Accreditation as patient-centered medical homes.
NOMs
NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system
NOM 19 - Percent of children in excellent or very good health
NOM 22.1 - Percent of children ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)
NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine
NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

State Action Plan Table (Connecticut) - Children with Special Health Care Needs - Entry 2

Priority Need

TRANSITION TO ADULT HEALTH CARE

NPM

NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Objectives

5.1 By 2020, increase the % of 14-16 year olds, including those with Special Health Care Needs that have a health care transition plan developed.

5.2 By 2020, increase the % of 17 year olds, including those with Special Health Care Needs that have an adult primary care provider identified.

5.3 By 2020 increase the % of 14-16 year olds, including those with Special Health Care Needs that have an educational/ vocational transition plan in place.

Strategies

5.1.1 Educate medical home providers/staff/care coordinators to ensure that all children, including those with Special Health Care Needs have a transition plan developed by age 14-16.

5.1.2 Educate medical home providers/staff/care coordinators to ensure that all children, including those with Special Health Care Needs have an adult primary care provider identified by age 17.

5.1.3 Partner with providers, care coordinators, the Department of Education and Community Organizations to support existing and emerging processes to coordinate health care and educational/vocational transition planning for 14-18 year olds including those with Special Health Care Needs.

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

Cross-Cutting/Systems Building

State Action Plan Table (Connecticut) - Cross-Cutting/Systems Building - Entry 1
Priority Need
ORAL HEALTH
NPM
NPM 13 - A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year
Objectives
9.1 By 2020, increase by 10% the proportion of CT adults who visited a dentist in the past year (Baseline: 50.9% women who had a dental visit during pregnancy).
9.2 By 2020, Increase by 5% the percentage of children under 3 years of age at greatest risk for oral disease (i.e., in HUSKY A) who receive any dental care (Baseline: 86.3% children ages 1-17 who had a preventive dental visit in the past year).
9.3 By 2020, reduce to 35% the proportion of children in third grade who have dental decay.
9.4 By 2020, reduce untreated dental decay to 15% in black non-Hispanic children and 12% in Hispanic children in the third grade.
9.5 By 2020, reduce by 5% the proportion of adults that have had all their natural teeth extracted.
Strategies
9.1.1 Increase oral health literacy and promote the value of good oral health as it relates to the overall health and well-being of all CT residents.
9.1.2 Increase care-coordination to oral health provider in the PCMH.
9.2.1 Maintain oral health education provided to high risk parents through WIC and other MCH programs and initiatives
9.2.2 Maintain care-coordination for children enrolled in HUSKY.
9.3.1 Increase oral health literacy and promote the value of good oral health as it relates to the overall health and well-being of all CT residents.
9.3.2 Enhance the concept and utilization of a dental home through enrollment and utilization of HUSKY.
9.3.3 Maintain the State fluoridation statute.
9.3.4 Advocate for parity of oral health with physical health and behavioral (medical) in practice, policy and reimbursement.
9.4.1Increase oral health literacy and promote the value of good oral health as it relates to the overall health and well-being of all CT residents.
9.5.1 Increase oral health literacy and promote the value of good oral health as it relates to the overall health and well-being of all CT residents.
9.5.2 Increase care-coordination to oral health provider in the PCMH.
9.5.3 Maintain the State fluoridation statute.
9.5.4 Advocate for parity of oral health with physical health and behavioral (medical) in practice, policy and reimbursement.
9.5.5 Ensure a strong and sustainable oral health workforce (including medical providers) to anticipate the oral health needs of CT residents.
NOMs
NOM 14 - Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months
NOM 19 - Percent of children in excellent or very good health